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CONFIRMATION NO. 7124

SERIAL NUMBER 10/698,025	FILING OR 371(c) DATE 10/30/2003 RULE	CLASS 128	GROUP ART UNIT 3771	ATTORNEY DOCKET NO. 0150.00
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

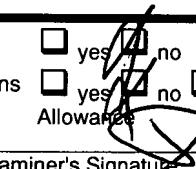
This appln claims benefit of 60/422,563 10/30/2002

OK

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/06/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature  Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	12	50	5

## ADDRESS

21968

## TITLE

Increased dosage metered dose inhaler

FILING FEE RECEIVED 1612	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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